

May 14 2017

Jurisdiction: Danville

Plaintiff

C.E.F.D LLC TRADING AS COVERING EVERY FINANCIAL DOMENSION

C.E.F.D LLC C/O CEDRICK E DRAPER

CLERK'S OFFICE U.S. DIST. COURT
AT LYNCHBURG, VA
FILED

MAY 15 2017

JULIA C. DUDLEY, CLERK
BY: 
DEPUTY CLERK

VS.

Defendant

MUY PIZZA HUT SOUTHEAST LLC C/O James Bodenstedt (Ceo)

Registered Agent: CT CORPORATION SYSTEMS, AL.

Case No: 4:17-cv-00018

Re: Brief

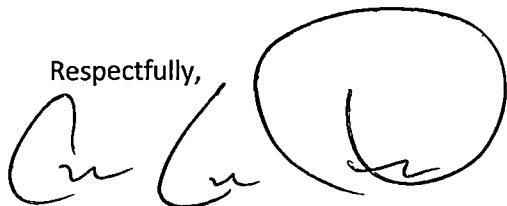
To: Honorable Judge

Plaintiff has incurred hardship due to a crash accident that occurred on 3/30/2017. This is the 2nd reflection statements of expenses in congruent to the US District Court fees. Provided a copy of the sworn statement release to full-time employer.

Within the accident Plaintiff has not been able to report to work. Plaintiff has not been able to draw unemployment for a prior appeal claim upon the same company of the discrimination complaint. Plaintiff has not been able to generate income for the past three weeks while still incurring utility expenses, child support ordered expenses, health coverage ordered expenses for the two children as well as himself, and loss of transportation from the day of 03/30/2017.

A termination of lease notice was sent to the Plaintiff last week regarding expenses. Plaintiff is schedule to have his vehicle repair by 05/15/2017. Plaintiff is reporting Housing Authority to complaint department.

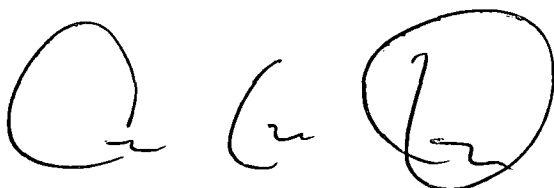
Respectfully,



Cedrick E Draper

Certificate of Service

I hereby certify that on 05/14/2017, a true and correct copy of the forgoing instrument has been forwarded by first class mail to counsel of record by Cedrick Euron Draper



ADMINISTRATIVE SUPPORT ORDER

DCSE# 0004706981

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
DIVISION OF CHILD SUPPORT ENFORCEMENT (DCSE)
211 NOR DAN DRIVE STE 1080
DANVILLE VA 24540

TIPS# 690

TASHA FLOOD
Obligee - Custodial Parent (CP)

CEDRICK DRAPER
v. Obligor - Noncustodial Parent (NCP)

Residential Address:

Residential Address:

Telephone Number(s):
276-632-8456 (H) 276-638-8701 (W)

Telephone Number(s):
276-632-4085 (H) 000-000-0000 (W)

Mailing Address if Different:
937 BANKS RD # 1
MARTINSVILLE VA 24112 2105

Mailing Address if Different:
PO BOX 3089
MARTINSVILLE VA 24115

Social Security Number: XXX-XX-0378
DRIVER S Lic.# / St:

Social Security Number: XXX-XX-3064
DRIVER S Lic.# / St:

CP Date of Birth: XX/XX/1980

NCP Date of Birth: XX/XX/1985

Employer:

Employer:

Address:

MID ATLANTIC PIZZA RESTAU LLC
Address:
2914 VIRGINIA AVE
COLLINSVILLE VA 24078

The { X } Commonwealth of Virginia or { } the State of is
providing child support enforcement services for the persons identified below.
Under Virginia law, the following dependent(s):

Name	SOC.	SEC.#	SEX	DOB	RELATIONSHIP
TAHLI D. DRAPER	-	8939	M	XX/XX/2010	CHILD
CAESAR K. DRAPER	-	2383	M	XX/XX/2008	CHILD

is(are) entitled to support from the NCP, who has a financial obligation to pay through the DCSE according to the statements checked below. Therefore, the Commonwealth of Virginia, Department of Social Services, Division of Child Support Enforcement, ORDERS the NCP to pay as follows:

{ X }\$ 196.00 per month current child support.
The first monthly payment is due on the 1st day of the next month following the effective date of this order, which is the date this order is served on the NCP (or the Notice of Proposed Review is served on the nonrequesting party in the case of a Review and Adjustment), and on the 1st day of each month after that. In addition to the stated monthly amount, the NCP also shall pay a prorated amount covering the period beginning on the date the NCP is served with this order and the first day of the next month, or in the case of Review and Adjustment, the date the the nonrequesting party was served with the Notice of Proposed Review and the first day of the next month.

{ }\$ 0.00 per month toward arrears.

Total \$ 196.00 per month payable as set forth above, hereinafter "total support obligation".

ARREARAGES

The NCP'S total arrearage equals \$ including principal, interest and fees, for the period through All or a portion of this arrearage may be owed as a debt to the Commonwealth of Virginia or the State of for reimbursement of TANF paid to your dependent(s), for foster care provided to your dependent(s), or may be owed to the Commonwealth of Virginia Department of Juvenile Justice beginning the date your dependent(s) was (were) received by the Department, if applicable. If additional arrears have not been assessed, DCSE reserves the right to assess such arrears and demand such payment in the future as they become due.



May 3, 2017

Cedrick E. Draper
Post Office Box 3089
Martinsville, VA 24115

Inquiry Number: 0503201700295501
Identification Number: YTP160M71098
Group Name/Number: Virginia Mirror Active EES/25223000

Dear Mr. Draper:

This letter serves as confirmation of your Anthem Blue Cross and Blue Shield coverage.

As requested, we have detailed below your active policy effective date for medical and prescription services.

Member Name: Cedrick E. Draper, Tahli Draper, Caesar Draper
Creditable Coverage effective date: December 1, 2016

The information listed above reflects eligibility on file as of the date this letter was prepared.

Thank you for the opportunity of serving your health care coverage needs. You have been our valued customer, and we stand ready to assist you at any time. If we can be of further assistance, please do not hesitate to contact us toll-free at 1-800-451-1527.

Sincerely,

Denise Staples
Customer Care Representative II
Mail Drop VA1004S123

Date: 5/10/2017

Name: CEDRICK E Draper

Purpose: SWORN STATEMENT FOR BEING OUT FROM WORK

Company: Virginia Micror Company, Martinsville VA
(276) 632 9816

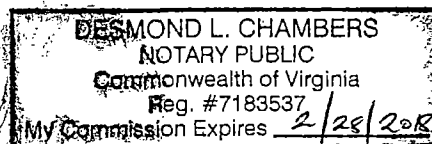
Statement: On May 3, 2017 I had a housing inspection by the Lynchburg Housing Authority where documents can reflect upon my absence upon that day.

The repairing & maintenance of my vehicle is schedule to be repaired sometime this week according to a Neil at the Maaco repair shop in Lynchburg Virginia. It was suppose to be fixed upon today May 10 2017 but a bracket part needed to be ordered extra to the Progressive estimate's sheet of repairs.

In the event of the transportation loss I have had to sue two rental car companies in connection with negligent actions to proceed with the rental purchases according to their breach within verbal agreement and everyday absence from work I have reported to the supervisor Chad Slate's voicemail. The rental car company actions did have a reflection of my intentions to come to work while the vehicle is still being repaired.

These sworn statements are a reflection of my absence

Signature: [Signature]



State/Commonwealth of Virginia
County/City of Lynchburg
Subscribed and sworn (affirmed) before me, a Notary Public, on this the
10th day of May, 20 17, by
Cedrick E. Draper

☐ personally known to me – OR –
☒ proved to me on the basis of satisfactory evidence

WITNESS My hand and official:

Desmond L Chambers
Signature of Notary Public
My commission expires:

9550197-KFXV

**COMMONWEALTH OF VIRGINIA
VIRGINIA EMPLOYMENT COMMISSION
NOTICE OF TELEPHONIC HEARING BEFORE AN APPEALS EXAMINER**

FIRST LEVEL APPEALS - ROOM 124
POST OFFICE BOX 1358
RICHMOND, VIRGINIA 23218-1358
(804) 786-3020
FAX (804) 786-8492

SSN: ***-**-3064 LTR. NO. 01
DOCKET NO: UI-1706368

CLAIMANT:
CEDRICK DRAPER
2229 YORKTOWN AVE #302
LYNCHBURG VA 24501

LIABLE EMPLOYER:
MUY PIZZA SOUTHEAST LLC
17890 BLANCO RD
SAN ANTONIO TX 78232-1039

CEDRICK DRAPER
2229 YORKTOWN AVE #302
LYNCHBURG VA 24501

You are notified that there will be a telephonic hearing in this case before an Appeals Examiner of the Virginia Employment Commission.

The hearing will be held

On: Monday, May 15, 2017 at 2:00 o'clock, P.M. Eastern Time

If you desire to participate in this hearing, you must call us AFTER YOU RECEIVE THIS NOTICE, and provide the telephone number where you can be reached on the day of the hearing. You must do this even if you have given us a phone number previously. Call us at (804) 786-3020 or, toll-free at 1-800-552-4500 to leave your number. You must call us as soon as possible and not later than noon on the business day before the hearing. If you prefer to register online, go to: <https://va3.c2tinc.com/register/>.
IF YOU DO NOT FOLLOW THESE INSTRUCTIONS, YOU WILL NOT BE CALLED.

PLEASE NOTE - All telephonic hearings are scheduled according to time in the Eastern Time Zone. (Daylight or Standard). If you are outside of the Eastern Time Zone, you must adjust your time to call in by the Eastern time shown above.

The statutory provision and issues that will be considered are: - CODE OF VIRGINIA:

Section 60.2-618.2: Was the claimant discharged for misconduct connected with work?
Section 60.2-618.1: Did the claimant leave work voluntarily without good cause?

SPECIAL NOTE: This hearing has been scheduled by telephone. This will permit you to participate from your home or office. If you wish to participate in person, you should make a request before the day of the hearing by calling the number above, and your request will be approved; however, it will likely require the hearing to be rescheduled.

This Notice of Telephonic Hearing mailed on 28th day of April, 2017

R.L. Bowles
Clerk of the Commission

IMPORTANT - PLEASE READ

THIS MAY BE YOUR ONLY OPPORTUNITY TO PRESENT EVIDENCE AND TESTIMONY WITH RESPECT TO THIS CLAIM. THEREFORE IT IS IMPORTANT THAT YOU PARTICIPATE IN THIS HEARING AND BE PREPARED TO PRESENT YOUR COMPLETE CASE.

PLEASE READ THE IMPORTANT INFORMATION PRINTED ON THE BACK OF THIS NOTICE

The Virginia Employment Commission is an equal opportunity employer/program.
Auxiliary aids and services are available upon request to individuals with disabilities.
Telecommunications Device for the Deaf 1-800-828-1120

IMPORTANT - PLEASE READ ALL OF THESE INSTRUCTIONS

By service of this notice, you are made a party to this proceeding and are entitled to be heard. Parties must be prepared to present their case at the time scheduled for hearing before the Appeals Examiner, including all documents and witnesses necessary to your case. If you fail to notify us of your telephone number you could lose the opportunity to participate in the hearing.

POSTPONEMENT: Postponements will only be granted for good cause where material and substantial harm may result. If a postponement must be requested, the Clerk of the Commission must be notified by telephone (804-786-3020) **IMMEDIATELY** to decide if a postponement will be granted. If your request for postponement is denied, a decision will be issued on the basis of available facts or testimony and will explain your further appeal rights. If you do not hear on your request for postponement, **YOU SHOULD PARTICIPATE IN THE HEARING.**

REPRESENTATION: You may present your own case, or an attorney or some other person may represent you. You should attend the hearing even if you are represented. You must pay the fees of the lawyer / representative; however, any such fees charged to the claimant must be approved by the Commission. Free legal service may be available by contacting the Legal Aid Society in your community at 1-866-534-5243. You may also obtain an attorney by contacting the Lawyer Referral Service of the Virginia State Bar at 1-800-552-7977. If you retain someone to represent you, please inform the Clerk of the Commission immediately of that individual's name, address, and phone number.

WITNESSES: If you find it necessary to have a witness testify on your behalf, you must contact him and arrange for his appearance at the hearing. If a subpoena is needed, you should notify the Clerk of the Commission **IMMEDIATELY** at the address shown; giving the name and address of the person to be subpoenaed. If a witness is unable to appear you may submit an affidavit. Affidavits may not have as much weight as first hand testimony as it cannot be questioned. The failure of an un subpoenaed witness to appear for the hearing will not be good cause for a postponement or continuance.

AFFIDAVITS: An affidavit is a statement which is sworn to before a notary public, and not merely a notarized statement. Affidavits may not have as much weight as testimony under oath. It is better for you and witnesses, if necessary, to participate in the hearing to present the facts to the Appeals Examiner. If you or a witness are unable to attend, an affidavit may be submitted. The affidavit should set forth all facts, preferably in chronological order. Mail the affidavit in time to reach the Appeals Examiner no later than the day before the hearing.

CHALLENGE OF INTEREST OF APPEALS EXAMINER: Challenge to the interest of an Appeals Examiner shall be made promptly after the discovery of facts on which such challenge is based but not later than the date on which the decision is issued. Unless made at the hearing, such challenge shall be set forth in writing and the reasons therefore and sent to the Chief Appeals Examiner.

DECISION: The decision of the Appeals Examiner will be reduced to writing and mailed to all parties. The decision will state the issues and findings of facts, opinion, and the disposition of the case. It will also contain further appeal rights in the event you disagree with the decision.

RIGHT OF REOPENING: Any party to an appeal who was unable to participate in the scheduled hearing can request a reopening of the case, and reopening will be granted if good cause is shown. However, once a decision is rendered and has become final, the case cannot be reopened for any reason. The request, together with the reasons for reopening, shall be made in writing and sent to the Clerk of the Commission.

WITHDRAWAL: The party who filed the appeal may withdraw the appeal at any time. The withdrawal must be in writing and signed by the appealing party.

INTERPRETERS: If you feel you need an interpreter, **IMMEDIATELY** notify the Clerk of the Commission.

NOTE: THE CLAIMANT SHOULD NOTE that eligibility to receive benefits is established on a week-to-week basis. It is important that you file your claims as directed while this appeal is pending to protect your continuing right to benefits. Failure to file your claims promptly may result in the denial of benefits. If you fail to receive your claim forms, **IMMEDIATELY CONTACT YOUR LOCAL OFFICE OR THE INTERSTATE CLAIMS UNIT AND REQUEST DUPLICATE FORMS.**

HOW TO PARTICIPATE IN THE TELEPHONE HEARING

If you do not have a telephone, contact the local unemployment office in your area. Telephone hearings are recorded and testimony is taken under oath.

If you have witnesses or other parties you wish to have participate in the hearing, give us the telephone numbers they can be reached at if they are not going to be at your number.

If you desire to participate in this hearing, you must call us AFTER YOU RECEIVE THIS NOTICE, and provide the telephone number where you can be reached on the day of the hearing. You must do this even if you have given us a phone number previously. Call us at (804) 786-3020 or, toll-free at 1-800-552-4500 to leave your number. You must call us as soon as possible and not later than noon on the business day before the hearing. If you prefer to register online, go to: <https://va3.c2tinc.com/register/> . If you do not follow these instructions, you will not be called.

If you have any documents to offer as evidence, mail or fax a copy to the Clerk of the Commission and to each of the other parties **IMMEDIATELY.**
ON THE HEARING DAY

1. Free the phone lines at the time of the hearing.
2. Have with you any documents and other written material you will need.
3. If the Appeals Examiner is unable to reach you because your line is busy or there is no answer, you could lose the opportunity to participate in the hearing. The Appeals Examiner will make every effort to contact you at the number you provide, but because we will have other hearings to conduct, you must be available at the time your hearing has been scheduled to begin.
4. **IF YOU LOSE THE CONNECTION:** If at any time during the hearing you lose the connection or otherwise cannot converse with the Examiner:
 - A. Hang up the telephone.
 - B. Immediately call the telephone number on the "Notice of Telephonic Hearing" you called to begin the hearing.
 - C. Say to the Clerical Assistant who answers: This is (Your Name) and my connection for the hearing with (name of Appeals Examiner) has been cut off.
 - D. You then hang up the telephone and wait for the Examiner to call you again to continue the hearing.
5. Please be certain that you speak clearly and in a loud voice in order that your testimony can be properly recorded. Please do not interrupt when another party is talking. The Appeals Examiner will give you a chance to state your case completely.
6. When offering your testimony you should do so from memory and refrain from reading a prepared statement. If you are having a witness testify for you, do not coach the witness on his or her answers. Permit him or her to testify from his or her own recollection of the facts.

IF YOU NEED FURTHER INFORMATION AS TO THE PROCEDURE FOR THIS APPEAL,
CONTACT THE CLERK OF THE COMMISSION IMMEDIATELY.



VIRGINIA EMPLOYMENT COMMISSION

P.O. Box 2249
Richmond, Virginia 23218-2249

CEDRICK DRAPER
2229 YORKTOWN AVE.
302
LYNCHBURG VA 24501

LOCAL
OFFICE: 111
BYED : 12/23/2017
SSN : ***-**-3064

NOTICE OF CHILD SUPPORT INTERCEPT DEDUCTION

Pursuant to Section 60.2-608 of the Virginia Unemployment Compensation Act, the Virginia Employment Commission entered into an agreement effective October 1, 1982 with the Virginia Department of Social Services to withhold unemployment compensation benefits for child support obligations collectible through the Child Support Intercept Program.

In accordance with the agreement or court order regarding your child support obligations, we will be deducting up to \$ 60.00 from the weekly amount payable on your unemployment insurance claim (not to exceed 55% of the payable amount) beginning on or after April 30, 2014.

ANY QUESTIONS REGARDING THIS INTERCEPTION SHOULD BE DIRECTED TO THE DISTRICT OFFICE OF THE DEPARTMENT OF SOCIAL SERVICES NEAREST YOU.

VEC305 Deputy, Virginia Employment Commission

APPEAL RIGHTS

This determination becomes final unless a Notice of Appeal is filed within thirty days after it is delivered in person or mailed to the last known address. The appeal should be filed (1) by mail address to: Virginia Employment Commission, ATTN: First Level Appeals, Room 124, P.O. Box 1358, Richmond, Virginia 23218-1358; (2) via internet using web address: <https://www.vec.virginia.gov/vecportal/appeals/Appeals.asp>; (3) by FAX transmission to the First Level Appeals Unit at (804) 786-8492.

FINAL DATE FOR APPEAL IS March 3, 2017.

NOTE: If any appeal is filed from this determination, claimant should continue to report to the Local Office on his regular reporting day in order to receive credit for each week in case the determination contained herein is reversed or revised as a result of the appeal.

DATE OF MAILING IS February 1, 2017.

60.2-608. Child support intercept of unemployment benefits.

- A. Any individual filing a new claim for unemployment compensation shall, at the time of filing such claim, disclose whether or not the individual owes child support obligations as defined under subsection G of this section. If any such individual discloses that he or she owes child support obligations, and is determined to be eligible for unemployment compensation, the Commission shall notify the state or local child support enforcement agency enforcing such obligation that the individual has been determined to be eligible for unemployment compensation.
- B. The Commission shall deduct and withhold the following from any unemployment compensation payable to such an individual:
 - 1. The amount specified by the individual to the Commission to be deducted and withheld under this subsection, if neither the provisions of paragraph 2 of this subsection nor the provisions of paragraph 3 of this subsection are applicable;
 - 2. The amount, if any, determined pursuant to an agreement submitted to the Commission under section 454 (20) (B) (I) of the Social Security Act by the state or local child support enforcement agency, unless the provisions of paragraph 3 of this subsection are applicable; or
 - 3. Any amount otherwise required to be so deducted and withheld from such unemployment compensation pursuant to legal process, as defined in section 462 (e) of the Social Security Act, properly served upon the Commission.
- C. Any amount deducted and withheld under subsection B shall be paid by the Commission to the appropriate state or local child support enforcement agency.
- D. Any amount deducted and withheld under subsection B shall be treated as if it were paid to the individual as unemployment compensation and paid by such individual to the state or local child support enforcement agency in satisfaction of the individual's child support obligations.
- E. For purposes of subsections A through D of this section, "unemployment compensation" means any compensation payable under this Act, including amounts payable by the Commission pursuant to an agreement under any federal law providing for compensation, assistance, or allowances with respect to unemployment.
- F. This section applies only if appropriate arrangements have been made for reimbursement by the state or local child support enforcement agency for the administrative costs incurred by the Commission under this section which are attributable to child support obligations being enforced by the state or local child support enforcement agency.
- G. The term "child support obligations" as defined for purposes of this section includes only obligations which are being enforced pursuant to a plan described in section 454 of the Social Security Act which has been approved by the Secretary of Health and Human Services under part D of Title IV (42 U.S.C. 651 et seq.) of the Social Security Act.
- H. The term "state or local child support enforcement agency" as used in this section means any agency of any state or a political subdivision thereof operating pursuant to a plan described in subsection G of this section.

VEC-CSI-1 (R 2/10)

CO	FILE	DEPT	CLOCK	VOHR NO	052
AGE	010634	100105		0000100011	1

Earnings Statement



VIRGINIA MIRROR COMPANY, INC.
P.O. BOX 5431
MARTINSVILLE, VA 24115
(276) 632-9816

Period Ending: 03/04/2017
Pay Date: 03/09/2017

Taxable Marital Status: Single
Exemptions/Allowances:
Federal: 1
VA: 1

CEDRICK EURON DRAPER
P.O. BOX 3089
MARTINSVILLE, VA 24115

Earnings	rate	hours	this period	year to date
Regular	11.0000	35.50	390.50	3,574.37
Holiday				168.00
Gross Pay			\$390.50	3,742.37

Deductions	Statutory		
	Federal Income Tax	-20.27	189.01
	Social Security Tax	-20.39	194.08
	Medicare Tax	-4.77	45.39
	VA State Income Tax	-9.58	88.14
	Other		
	Accident Ee	-5.19*	46.71
	Child Support	-45.23	452.30
	Crit Ill Ee	-1.53	13.77
	Medical Pre-Tax	-56.54*	565.40
	Vol Life Ee	-3.46	37.36
	401K Flat Dolla	-11.72*	112.29
	Net Pay	\$211.82	
	Checking 1	-211.82	
	Net Check	\$0.00	

* Excluded from federal taxable wages
Your federal taxable wages this period are \$317.05